

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		1/25/99
O.L.P.E. CLASSIFIER		8	1-28-99
FORMALITY REVIEW		DESSW	2-3-99

# INDEX OF CLAIMS

✓ ..... Rejected  
 - ..... Allowed  
 (Through numeral)... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
10	51	101			
11	52	102			
12	53	103			
13	54	104			
14	55	105			
15	56	106			
16	57	107			
17	58	108			
18	59	109			
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	98	148			
	99	149			
	100	150			

If more than 150 claims or 10 actions  
staple additional sheet here

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1 AVAILABLE COPY